

11-12-08
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Commissioner for Patents
P.O. Box 1450
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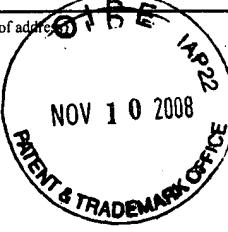
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28995 7590 08/12/2008

RALPH E. JOCKE
walker & jockey LPA
231 SOUTH BROADWAY
MEDINA, OH 44256

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09428,036	10/27/1999	KEVIN H. NEWTON	D-1124	4122

TITLE OF INVENTION: METHOD OF TRACKING AND DESPENSING MEDICAL ITEMS TO PATIENTS THROUGH SELF SERVICE DELIVERY SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	11/12/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
MORGAN, ROBERT W		3626	705-003000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 RALPH E. JOCKE
2 DANIEL D. WASIL
3 WALKER & JOCKE

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AUTOMED TECHNOLOGIES, INC

CHESTCBROOK, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0637 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature R E J

Date 11/10/2008

Typed or printed name RALPH E. JOCKE

Registration No. 31,029

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Authorized Signature R E J

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